

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 SEP 23 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000157275

1. Corporation Name

Anderson's Klassic Limo Services, Inc

2. Principal Office Address - No P.O. Box #

9014 Lemturner, Rd.

3. Mailing Office Address

8573 Concord, CT.

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Jax., FL

City & State

Jax., FL

Zip

32208

Country

Duval

Zip

32208

Country

Duval

REINSTATEMENT

CR2E081 (6/10)

07-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/06

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thomas H. Anderson

Street Address (P.O. Box Number is Not Acceptable)

8573 Concord, CT.

Suite, Apt #, Etc

City

Jax., FL

State

FL

Zip Code

32208

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Thomas H. Anderson

REGISTERED AGENT MUST SIGN

Date

9/23/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Thomas H. Anderson	8573 Concord, CT.	Jax., FL (32208)

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas H. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/10 (904) 386-7644

Daytime Phone #